


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90034 017 ***150.00

DOCUMENT # P05000040594	
1. Entity Name ADVANCED ENVIRONMENTAL CONTRACTORS INCORPORATED	

Principal Place of Business 2333 NORTH STATE ROAD 7 K MARGATE, FL 33063	Mailing Address 2333 NORTH STATE ROAD 7 K MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box # 10863 NW 50th Street Suite, Apt. #, etc.	3. Mailing Address 10863 NW 50th Street Suite, Apt. #, etc.
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City & State Sunrise, Florida	City & State Sunrise, Florida
Zip 33351	Zip 33351
Country Broward	Country Broward

6. Name and Address of Current Registered Agent PASSARIELLO, JOHN 6466 NW 5TH WAY FORT LAUDERDALE, FL 33309	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P (President)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SAMO, CATHERINE A		NAME Dominique Tamecki	
STREET ADDRESS 12098 NW 30TH STREET		STREET ADDRESS 10863 NW 50th Street	
CITY-ST-ZIP CORAL SPRINGS, FL 33065		CITY-ST-ZIP Sunrise, Florida 33351	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDS, RAYMOND		NAME	
STREET ADDRESS 3409 WILLOW WOOD RD		STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL, FL 33319		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Dominique Tamecki **4-4-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 954-227-0982